

Institutional Participation Agreement

Name of Participating Institution: _____

Designated Contact: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Number of \$ 500 Individual Scholarships Pledged for 2006: _____

By signing this Institutional Participation Agreement by and between the above named Institution and the Commercial Driver Training Foundation, Inc., I hereby agree that the Institution will abide in the policies of the Commercial Driver Training Foundation, Inc. Military Scholarship Program. I agree to submit or assist prospective students to submit all required applications and supporting documentation.

I agree that the decisions of the Commercial Driver Training Foundation, Inc. regarding eligibility for the Scholarship Program shall be final.

I further agree to honor all scholarship certificates issued by the Commercial Driver Training Foundation in the amount stated above, and not to exceed the total pledged above, when presented by a qualified applicant

Authorized Signature: _____

Title: _____

Date: _____

Please mail this form, along with you payment in the amount of \$100 for the annual participation fee, to the Commercial Driver Training Foundation, Inc.

